

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/				61		
2		/		/			62		
3		2		/			63		
4		0		/			64		
5		0		/			65		
6		0		/			66		
7		0		/			67		
8	/		/				68		
9		/		/			69		
10		2		/			70		
11		0		/			71		
12		0		/			72		
13		0		/			73		
14				/			74		
15							75		
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37							97		
38							98		
39							99		
40							100		
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.			12				TOTAL DEP.		
TOTAL CLAIMS			14				TOTAL CLAIMS		